SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

> The transfer of the second APPLICATION FOR PERMIT
> BAYFIELD COUNTY, WISCONSIN

mp (Received) c===== **4** mi T. . Ser. Permit #:

Date: Refund: Amount Paid: 5-03-17

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

Z

<u>__</u>

2017

Project Pro					-	☐ Municipal Use			Secretarial State	Commercial L			Hec a for le	N Rociniamital III			Proposed Use	Proposed Construction:	Existing Structure:		-,	1.11					Value at Time of Completion * include donated time & material	□ Non-Shoreland		Shoreland —			Soction / 9	NE 1/4,	PROJECT LOCATION	Authorized Agent: (Per	Contractor: めいべでる	2	Address of Property:		Calling
City/State/Zip: City/State/Zip: City/State/Zip: Agent Mailing Address (include)					1	T		PC [lse.		9047	ssuance				<	TION:	(if permit bein	thirm-handstein-	riopeity	Run a Busir	☐ Relocate (ex	☐ Conversion	☐ Addition/A	New Consti	Projec			☐ Is Property/	Is Property/ Creek or Land			' '	Legal Descript	son Signing Applic	िर	RIVER RO			
City/State/Zip: GRYState/Zip: GRYState/Zip: Agent Phone: Agent Phone: Agent Mailing Address (include Phone: Tax ID# (4.5 digits) 2159 CSM Vol & Page B 94 C/70 Town of: If yes—continue — If yes—continue — B ANNES Length: Proposed Structure Proposed Structure Proposed Structure Structure on property) Inting shack, etc.) Ition/Alteration (specify)	Other: (ex	Condition	Special U	100000	Accessor	Accesson	Addition/	Mobile H	Bunkhous	alokiryajip _{ar} g a	3051010			2007	Residence	Principal :			g applied fo			less on	isting bldg)		Iteration	uction	4			Land within	Land within ward side o		<u>C</u> C	Gov't		ation on behalf		3	STA.		
Plumber: Agent Mailing Address (include of: B ATLANES	plain)	al Use: (explain)	se: (explain)	0	Building Addit	Building (spe	Alteration (spe	ome (manufactur	se w/ (□ sanitary	with Attache	with (2 nd) De	with a Deck	with (2 nd) Por	with a Porch	(i.e. cabin, hun	Structure (first			is relevant to it)				I		- 1	☑ 1-Story	# of Stories and/or basem			1000 feet of Lake	300 feet of River		C O							age a page and a page	
RING CHP DANG Brank? Phone: Plumber: e: Agent Mailing Address (include C C Phone: Plumber: Town of: Brank? Vol & Page C / 40 Town of: Brank? Town of: Brank? I Lot(s) No. Block(s) No. Block(s					ion/Alter	cifv)	ecify)	ed date)	or 🗀 slee	d Garage	웃		ch		ting shack	structure	Prop	161	Ler			nt			_	1 6	ent		n-cok 18	e, Pond or F	, Stream (t	•	¥.	ト SWS	210	Agent Phon	Contractor	GORA	City/State/	7	1
Agent Mailing Address (include C Agent Mailing		A DESCRIPTION OF THE PERSON OF	the second secon	1	- 11			1324	ping quarter:						; etc.)	on property	osed Structi	gui.	gth:	***************************************					Ýear Round	Seasonal	Use		1	1	nd. Intermittent)	84		OF/O	59	e.		\$	prove Con	A route or the	
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						- Landerson		-	food prep fac						Harris Anna Carlo			ANICHAI.	S A A		None	- 1	- 1		New) S	□ Municip				ture is from !	ture is from !			Block(s) N		ress (include C		co	13000	e e e e e e e e e e e e e e e e e e e	
	×	×	×		×	×	×	×	×	×	×	×	×	×	× ×	< ×	Dimensio		E I			contract)	Vaulted (mi	Sanitary (Exists) Specify Type:	Specify Type:		What Type of wer/Sanitary System is on the property?				feet Floodpl		Lot Size	Subdivision:	Document #: 201	₹					
Tate/Zip): Comment #: 201: Subdivision:	_))		_	_	_	700	_	_))	<u> </u>	_ -	_ -	_	rns	68.60	eight:				n 200 gallo				3			Yes No	oerty in ₃in Zone?	7,	Acreage	_	R-	Attached Original hyperson of the control of the c	Plumber F	75-1	Cell Phone:		
Deed (i.e. # as Deed (i.e. # a		- France Laboratory					Ties	980									Square Footage	10	A.]		well] City	Water		3	⊒ Yes	Are Wetlands Present?	720	o	To any of the last	380655	Written Authorization Attached Yes No	hone:	292-2153	ı		

Owner(s): (If there are Multiple Own

on the Deed All Owner

orization must accompany this application)

Date

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this

application)

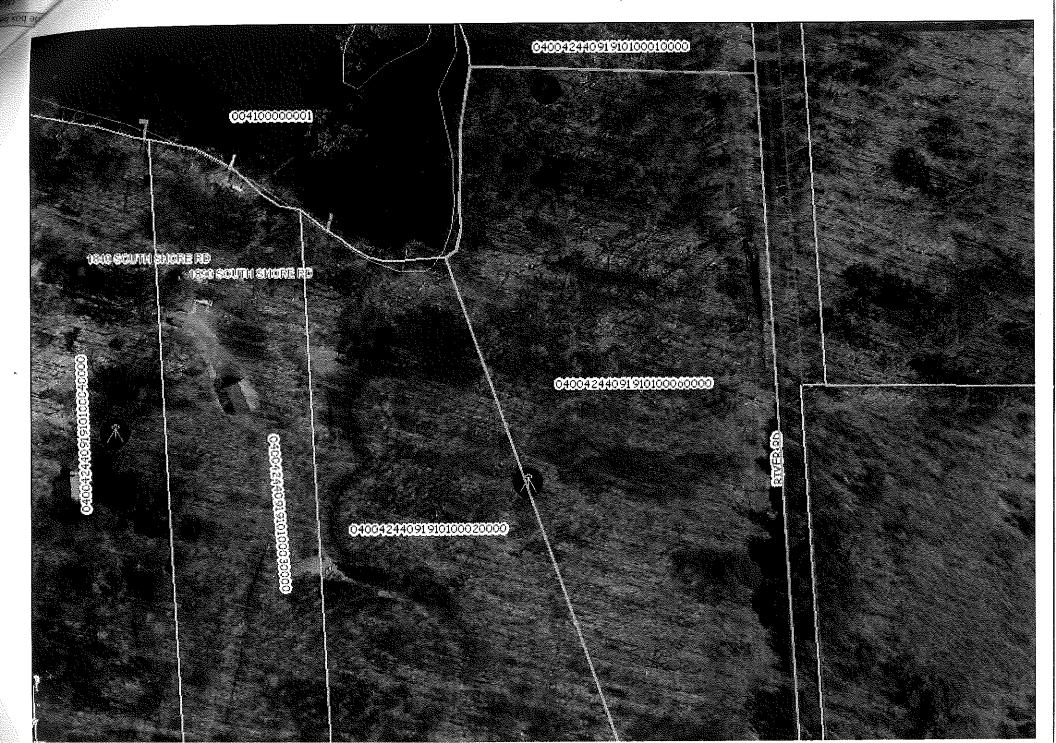
Date

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Address to send permit

M 0 Signa	S D 77 2 3	G is	Per Per	other p Prior to one pre marked	Set Set	Set Set	Set Set	Set Set		мерега		
	was Proposed Building Site Delineated Inspection Record: Project A MARPHARM Condition(s): Town, Committee or Board Park MARPHARM Condition(s): Town, Committee or Board Park MARPHARM Condition(s): Town, Committee or Board Park MARPHARM EXP	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Granted by Yariance (B.O.A.) Yes Voo	Issuance Information (County Permit Denied (Date): Permit # \(\backslash - \choose \)	ther previously surveyed corner or marked by a licensed surveyor at the owner's expense. Indicate the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the placement by use of a corrected compass from a known corner within 500 feet of the placement by use of a corrected compass from a known corner within 500 feet of the placement by use of a corrected compass from a known corner within 500 feet of the placement by use of a corrected compass from a known corner within 500 feet of feet of the placement by use of a corrected compass from a known corner within 500 feet of feet of a corrected compass from a known corner within 500 feet of feet of a corrected compass from a known corner within 500 feet of feet of a corrected compass from a known corner within 500 feet of feet of a corrected compass from a known corner within 500 feet of feet of a corrected compass from a known corner within 500 feet of feet of a corrected compass from a known corner within 500 feet of feet of a corrected compass from a known corner within 500 feet of feet of a corrected compass from a known corner within 500 feet of feet from the particle of a corrected compass from a known corner within 500 feet of feet of a corrected compass from a known corner within 500 feet of feet from the minimum required setback, the boundary line from which the previously surveyed corner. (9) Stake or Mark Proposed Location (5) feet but less than the Department by the De	Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within t	Setback from the East Lot Line Setback to Septic Tank or Holding	Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	Piease complete (1) – ((8) Setback		(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (8) Show any (*): (8) Show any (*): (9) Show any (*): (1) Show Location of: (1) Proposed Construction (2) Worth (N) on Plot Plan (3) Proposed Construction (*) Driveway and (*) Frontage Road (Name Front
	The Delineated In Delineated In The Company 22 2017 22 2017 22 2017 2 X D 17	Lot Yes hip Yes ing Yes Case #:	Use	narked by a licensed surveyor at the n of a structure more than ten (10) to other previously surveyed corner, owner's expense. r IMark Proposed Location IMark Proposed Location NOTICE: All Land Use Per Construction Of New One The location Image of the	Composting)	Holding Tank	t Line t Line Line	e of Platted Road ed Right-of-Way	tion	complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest page 1)	See Control of the Co	Show Location of: Show / Indicate: Show location of (*): Show: Show: Show: Show: Show: Show any (*): Show any (*):
i Sino	S No	(Deed of Record) (Fused/Contiguous Lot(s))	Only) Sanitary Reason f Permit C	re corner or marked by a licensed surveyor at the owner's expense. r construction of a structure more than ten (10) feet but less than thirty (30) feet from corner to the other previously surveyed corner, or verifiable by the Department by use veyor at the owner's expense. Stake or Wark Proposed Location(s) of New Construction, NOTICE: All Land Use Permits Expire One (1) Year from For The Construction Of New One & Two Family Dwelling: ALL The local Town, Village, City, State or Inc.	n (10) feet of the minimum n		- 525 - 525		Mea	<pre>ste (1) (7) above (prior to continuing) Setbacks: (measured to the closest point)</pre>	ATTACKO	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Fronta All Existing Structures on y (*) Well (W); (*) Septic Tanl (*) Lake; (*) River; (*) Strea (*) Wetlands; or (*) Slopes
Hold F	Repres	TAN S	Sanitary Number: Reason for Denial: Permit Date: 5-27	nse. An thirty (30) feet from the Department by us We Construction One (1) Year fror One (1) Year fror illy Dwelling: ALL age, City, State or	Feet Feet m required setback, the				Measurement		DX BM	rction Plan (*) Frontage Road (wres on your Propel eptic Tank (ST); (*) ; (*) Stream/Creek; *) Slopes over 20%
perma perma	were Property Lines Kep Was Subject Subject Figure 15 Subject Figu	Mitigation Required Yes No Mitigation Attached Yes No Previously Granted by Variance (B.O.A.)	3-0	censed surveyor at the owner's expense. re more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the set re more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the set of the proposed Location of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (Hopposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (Hopposed Location(s) of New Construction or Use has not all Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not tion Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform The local Town, Village, City, State or Federal agencies may also require permits.	त	Elevation of Floodplain Setback to Well	Setback from Wetland 20% Slope Area on property	Setback from the Lake (ordinar Setback from the River, Stream Setback from the Bank or Bluff		Chan	No.	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
A) PIACEA	Property Surveye Property Surveye Permit Andre	Yes No Yariance (B.O.A.) Case	of bedrooms:	etback, the boundary line from which from a known corner within 500 feet from a frield (DF). Holding Tance if Construction or Use ha Required To Enforce The Unitary also require permits.	setback must be measured mus	Jiain	and 1 property	the Lake (ordinary high-water the River, Stream, Creek the Bank or Bluff	Description	Changes in plans must be approv	-	d) Holding Tank (HT) an
1 2 2	Zoning D Lakes Cla Date of 1		Sanitary Date:	oposed site of oposed site oposed site of oposed site of oposed site of oposed site opo	t be visible from one previously sun	Ę	☐ Ye	ter mark)	W	proved by the Plannin		d/or (*) Privy (P)
Date of Approval: 5/22/17	194 No	[7 A)		d must be visible from ucture, or must be 1 Well (W).	y surveyed corner to the	Catala Feet) Feet	346 Feet Feet	Measurement	ed by the Planning & Zoning Dept.		

Bayfield County Web AppBuilder



City, Village, State or Federal armits May Also Be Required TEMPORARY

completed or if any prohibitory conditions are violated.

LAND USE - X
SANITARY - None
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-	0003	T		Issued	d To: Mi	ichael	& Nicole K	ubala						
_ocation:	-	1/4	of	=	1/4	Section	19	Township	44	N.	Range	9	W.	Town of	Barnes
Gov't Lot				_ot	1	Blo	ock	Su	bdivisi	on				CSM#	894
		Dor		1	- Story	y, Wobile	s from	Date of is:	suanc	e. Me	obile ho	me '	to be		
Conditio	n(s):	Per	mit ess	exp a la	- Story ires 1 ind us	y, Mobile 2 months e permit	s from thas t	Date of isseen used f	suanc or pe	e. Morman	obile ho	me '	to be	removed	at that point
Conditio	n(s):	Per unl	mit ess	exp a la	ires 12 ind us ear from	y, Mobile 2 months e permit	s from thas t	Date of is:	suanc or pe	e. Morman	obile ho	me t	to be ent.	removed	at that point
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SUBMIT: <u>COMPLETED</u> APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN pate Steme (Redelived)

* 1523

Date:

Permit #: Refund: Amount Paid: \$100 5-18-17 7.016

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED INSTRUCTIONS: No

Bayfield Co. Zoning Dept. To APPLICANT.

☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue—▶	Section 2 , Township 44 N, Range 9	1/4,1/4 Gov't Lot Lot(s)	PROJECT Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	Call of Wild Rect O		TYPE OF PERMIT REQUESTED → ☐ LAND USE ☐ SANI
r, Stream (ind. Intermittent) If yes—continue	W Town of:	csm Vol & Page	Tax ID# (4-5 digits)	Agent Phone:	Contractor Phone:	54873 Williams 1311/25 Wi	Mailing Address: 14243 EAST CO LAKE KOAD	ITARY PRIVY
Distance Structure is from Shoreline :	BCIVES	e Lot(s) No. Block(s) No. Subdivision $ \begin{array}{ccccccccccccccccccccccccccccccccccc$	Cy- 004-2-44 -09-04-000-7000	Agent Mailing Address (include City/State/Zip):	Plumber:	Č.	Mailing Address: Citheram Sciens 5,21,055	SANITARY PRIVY CONDITIONAL USE SPECIAL USE
ř	1501 245	Subdivision: 2-44_9w	Recorded Deed (i.e. # assigned by Register of Deeds Document #: 2017 R- らんどろり	state/Zip):			33	
Is Property in A	Acreage	gw Bernery Wi	# assigned by Register of Deec	Written Authorization Attached See No	Plumber Phone:	218-392 - 348	Telephone:	B.O.A. OTHER
Are Wetlands Present?	6	26	ister of Deeds	orization	ne:	248		ER

Proposed Construction:	Existing Structur	The state of the s				-), B	200		Value at Time of Completion * include donated time & material	☐ Non-Shoreland
uction:	Existing Structure: (if permit being applied for is relevant to it)	The state of the s		Property	□ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	New Construction	Project	
	or is relevant to it)			☐ Foundation	□ No Basement	☐ Basement	□ 2-Story	☐ 1-Story + Loft	☐ 1-Story	# of Stories and/or basement	***
Length:	Length:					the state of the s		Year Round	□ Seasonal	Use	
					□ None		□ 3	□ 2	<u></u>	# of bedrooms	
Width:	Width:		□ None	☐ Compost Toilet	S. Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	(New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?	- Annual Control of the Control of t
Height:	Height					(min 200 gallon)	pe:	pe:		stem ty?	
							П	□ Well	□ City	Water	

⊠-Shoreland

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage
If yes.--continue

4

Distance Structure is from Shoreline :

Is Property in Floodplain Zone?

Are Wetlands
Present?

☐ Yes

☐-No

☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)

Creek or Landward side of Floodplain?

If yes—continue —▶

					Square
Proposed Use	<	Proposed Structure		Dimensions	Footage
		Principal Structure (first structure on property)	-	x)	
		Residence (i.e. cabin, hunting shack, etc.)		x)	
		with Loft	_	×	
🔊 Residential Use		with a Porch	(×	
		with (2 nd) Porch	(×	
		with a Deck	_	×	trontal bitch
		with (2 nd) Deck	_	×	
Commercial Use		with Attached Garage	(×	The second second second
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	-	×	
		Mobile Home (manufactured date)	_	×	The second secon
		Addition/Alteration (specify)	(×	
☐ Municipal Use	¥	Accessory Building (specify) $S all AS 70 cake$	_	157 × 1	
		Accessory Building Addition/Alteration (specify)	Ī-,	×	
Rec'd for Issuance	mce	A highest and the second of th			
5		Special Use: (explain)	_	×	
		Conditional Use: (explain)	_	×	4-1-1
Service Servic		Other: (explain)		×	
Coordanial Staff	iaff	TENDET OF THE TRANSPORT OF THE TRANSPORT OF THE PROPERTY OF TRANSPORT OF TRANSPORT OF TRANSPORT OF THE PROPERTY OF THE PROPERT	TIFC		

Owner(s): Through d on the Deed All Own action of authorization must accompany this application) Date 7

me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) to tit will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which it the population. I (we) consent to county officials charged with administering county ordinances to have access to the

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must

Attach
Copy of Tax Statement
recently purchased the property send your Recorded Deed

Issuance Informa Permit Denied (Date): Is Parcel a Sub-Si Is Parcel in Common Is Structure Non- Is St	Please complete (1) (8) Setbau (8) Setbau (8) Setbau (8) Setbau Setback from the Center Setback from the North Setback from the Vest I Setback from the West I Setback to Drain Field Setback to Privy (Portab Prior to the placement or construe one previously surveyed corner to marked by a licensed surveyor at:	GLOWILD RO
or The over tion I too I to I too I	plete B) Se The Ce the Ce the Es the W the Es ain Fie ain Fie ain reyed or reveyed core ed survey ed survey ed survey ed survey	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
All Land Use Permits Expire One (1) Yetion Of New One & Two Family Dwelling The local Town, Village, City, St The local Town, Village, City, St Reason for Denial Permit Date: Yes (Deed of Record) Permit Date: Yes (Fused/Contiguous Lot(s)) Yes (Fused/Contiguous Lot(s)) Permit Date: Permit Date: Permit Date: Permit Date: Inspected by: Aut. Uscard Propermit Conditions Attached? Yes IN MANASTWALL PROPERMITED PROPERMIT	te (1) – (7) above (prior to continuing) Setbacks: (measured to the closest point) Description Measurement Centerline of Platted Road Centerline of Platted Road Established Right-of-Way Established Right-of-Way Centerline Fouth Lot Line West Lot Line Vest Lot Line Tank or Holding Tank Tank or H	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Fro All Existing Structures o (*) Well (W); (*) Septic (*) Lake; (*) River; (*) Sio (*) Wetlands; or (*) Slo Of IVA (£)
Use Permits Expire One (1) Year from the Date of Issuance vew One & Two Family Dwelling: ALL Municipalities Are Rec The local Town, Village, City, State or Federal agencies may Inly Sanitary Number: Reason for Denial: Reason for Denial: Permit Date: S-23-1	rement Feet Feet Feet Feet Feet Feet Setback from th Setback from th Setback from th Setback from W Feet Feet Feet Feet Feet Feet Feet Feet Feet Setback from W Feet Setback from W Feet Setback from W Feet Setback from W Feet	mn frontage Road (Name Froison your Property in Tank (ST); (*) Drain Field Stream/Creek; or (*) Pon lopes over 20% DQUIL A Popular Pedu
uired Yes Was ched Yes	(1) – (7) above (prior to continuing) Changes in plans must be approved tbacks: (measured to the closest point) Pescription Measurement Description Descript	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Weltlands; or (*) Slopes over 20% Ar IVA (E. DR) JC. Ar IVA (E. DR
welling welling avit F	the approved by the Planning of the Planning of the approved by the Planning of the Planning of the Planning of the Approved by the Planning of the Planning of the Approved by the Approved b	Tand for (*) Privy (P) Jan Say Powier 13 av
Date: Date: Yes English No No No No No	by the Planning & Zoning Dept. Measurement	

City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY - None
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-0	161			Issued	d To: D	onald	& Brenda S	Saari						.c.ino.
Par in S ½ Location:		1/4	of		1/4	Section	2	Township	44	N.	Range	9	W.	Town of	Barnes
Gov't Lot			L	_ot		ВІ	ock	Su	bdivisio	on				CSM#	

For: Residential Other: [Stairs to the Lake (4' x 75') = 300 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must use best management practices and employ erosion control measures to stabilize disturbed soil and percent silt and sediment from traveling into Smith Lake.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

May 23, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX **Bayfield County** PO Box 58 Planning and Zoning Depart. Washburn, WI 54891

(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

ENTERED

Date: Permit #: Amount Paid:

5-23-1 リウの Stellen

Bayfield Co. Zoring Dept

Refund:

MAY 22 2017

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. TYPE OF PERMIT REQUESTED→ □ LAND USE Contractor: Address of Property $ot\!{\chi}$ Shoreland ☐ Non-Shoreland donated time & material Ś of Completion Value at Time 2,0098 Javid. PROJECT LOCATION Residential Use Proposed Use FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT OF STARTING COUNTY IN PERMIT OF STARTING COUNTY IN THE START OF STARTING COUNTY OF STAR Owner(s): (If there are Multiple Owne Commercial Use Section Municipal Use Rec'd for Issual Secretarial St 1/4, Mr Stopson 90 april. Zamosola ☐ Relocate ☐ New Construction
☐ Addition/Alteration Is Property/Land within 300 feet of River, Stream (incl. Intermittent)
Creek or Landward side of Floodplain?

If yes—continue — Legal Description: (Use Tax Statement) Run a Business on ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage __ , Township horstenson Conversion in a Project $|\Box$ (existing bldg) ation on behalf of Owns Principal Structure (first structure on property)
Residence (i.e. cabin, hunting shack, etc.) Other: (explain) _ Existing Beethouse Mobile Home (manufactured date) Special Use: (explain) Accessory Building (specify)

Accessory Building Addition/Alteration (specify) Addition/Alteration (specify) Bunkhouse w/ (☐ sanitary, or 44 N, Range Gov't Lot the Deed All Owners must sign or letter(s) of authorization must accompany this application) and/or basement with a Porch with (2nd) Porch with a Deck with (2nd) Deck with Loft with Attached Garage 2-Story 1-Story + Loft # of Stories er(s)) Basement No Basement Foundation Lot(s) SANITARY 00 220 17th St Contractor Phone: Agent Phone: 7/5-795-3358 Tax ID# (4-5 digits) Mailing Addre City/State/Zip: CSM 22 795-2358 Proposed Structure Length: 765 Length: sleeping quarters, or \square cooking & food prep facilities) PRIVY Seasonal Year Round ō 975 Vol & Page Farnes Use 144 なるな ☐ CONDITIONAL USE ☐ City/State/Zip: Plumber: Agent Mailing Address (include City/State/Zip): 53685 2 Distance Structure is from Shoreline : Distance Structure is from Shoreline: bedrooms Mou Lot(s) No. None w of. # $\mathcal{C}\mathcal{X}$ 4873 LaCrosse Lake Rd. A SOL W. Width: Width: Block(s) No. Municipal/City (New) Sanitary None 180 Portable (w/service contract, Sanitary (Exists) Specify Type Privy (Pit) or U Vaulted (m Compost Toilet * 200 NA SPECIAL USE Sewer/Sanitary System
Is on the property? 100 46 /City Recorded Deed (i.e. Lot Size Document #: 2010 What Type of Subdivision: 54601 Specify Type Chaire Vaulted (min 200 gallon) 54873 **Dimensions** Is Property in Floodplain Zone? ☐ Yes B.O.A. Telephone: S No $\times |\times| \times$ \times × $\times |\times|$ ×l Height: # assigned by Register of Deeds) Height: Cell Phone: 608-304 Written Authorization Plumber Phone 3ched OTHER Are Wetlands Present? 576 Footage Square S S S S ☐ Yes X Well 373 Water City

e owner(s) a letter D pany this application) Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed Date 100

Authorized Agent:

(If you

signing on behalf of the

Address to send permit

53085

+		Hold For Fees:	Affidavit:	Hold For Affic	Hold For TBA:	Hold For Sanitary:
Date of Approval: -/	Date of			9	f S	Signature of Inspector:
				- - \	ر آ ا	>40000
Vex 1200	7000	77 / E	していまするで	7 / FOZ	Less House	100 tox
J. M. T. M.	, ,		(If \underline{No} they need to be attached.)	ୁYes ⊡No–	or Board Conditio	Condition(s): Town, Committe
j.	Date of Re-Inspection:	N. X.V.	+ Sching	Inspected by	122/2017	tion:
fication (Zoning District (Lakes Classification (بر اغ ا	ج ا ا		XIVI AND DATE	COO ZOO
CSM (727 000	Nes es	Was Property Surveyed	were Hoberty Fries	ZXI SI ING	-	osed Building
	"	variance (b.O.A.)	□ Yes 1 1 100			Yes 140
red □ Yes ☑No	Affidavit Required Affidavit Attached	□Yes □No	Mitigation Required Mitigation Attached	ious Lot(s)	ip Pes (Fused/Configuous Lot(s))	Is Parcel in Common Ownership Is Structure Non-Conforming
			5	Permit Date:] \	Permit #: 17-0169
				Reason for Denial:		Permit Denied (Date):
Q	Sanitary Date:	of bedrooms:	**************************************	Sanitary Number:	ounty Use Only)	Issuance Information (County Use Only)
T), <u>Privy (P)</u> , and <u>Well (</u> W). begun. Dwelling Code.	Tank (HT), Privy (j nas not begun. Iniform Dwelling C	field (DF), Holding Tenstruction or Use I red To Enforce The Use require permits.	, Septic Tank (ST), <u>Drain</u> the Date of Issuance if Municipalities Are Requi Federal agencies may als	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), a NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	• Mark Proposed Location NOTICE: All Land Use Perm Construction Of New One & The local T	(9) Stake or N For The Co
previously surveyed corner to the measured must be visible from f the structure, or must be	ust be visiole from one in the setback must be rest of the proposed site o	uary line from which the serback must be measured must be visit be infimum required setback, the boundary line from which the setb corrected compass from a known corner within 500 feet of the property of the property line.	e coundary line from which the set and the minimum required setback, se of a corrected compass from a	owner's expense. Fowner's expense. Freet but less than thirty (30) feet from or verifiable by the Department by us	he districture within ten (Liv) teeto ked by a licensed surveyor at the oke of the structure more than ten (10) fer fa structure more than ten (10) fer freviously surveyed corner, or ner's expense.	other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than tan (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.
		All and the second seco	handen fine frame. Fish shows	1 1	omposting)	Setback to Privy (Portable, Co
Feet			Setback to Well	100 Feet	Iding Tank	Setback to Septic Tank or Holding Tank Setback to Drain Field
		lain	Elevation of Floodplain	i	ie	Setback from the East Lot Line
Yes X No		property	20% Slope Area on property		ne	Setback from the West Lot Line
2 2 2 4				225 Feet	ine	Setback from the North Lot Line
Feet	vater mark)	Setback from the Lake (ordinary high-water Setback from the River, Stream, Creek Setback from the Bank or Bluff	Setback from the R Setback from the R	Feet Feet	of Platted Road I Right-of-Way	Setback from the Established Right-of-Way
Measurement		Description		Weasurement	On	Description
				st point)	Setbacks: (measured to the closest point)	(8) Setbacks:
ed by the Planning & Zoning Dept.		Changes in plans must be approv	Chan	ng)	complete (1) – (7) above (prior to continuing)	Please complete (1) – (7)
chake	Ear Chir	rodd		Sept 1))) *	
		•		THE WAR	<u>~</u> 3	Calan
			4	国主	+	
Storage	Vel		3.		Legister Line	ST STEP STEP
			Confort			40
RO	Peninsolu				100	ar de t
			North			
P)	and/or (*) Privy (P)	Holding Tank (HT)	operty (*) Drain Field (DF); (*) ek; or (*) Pond ek; or (*)	All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	· ·	(4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
		<u> </u>	Ad (Nama Erontage Roa	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road)	<u>.</u>	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*):

City, Village, State or Federal

completed or if any prohibitory conditions are violated.

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-	0162	2	Issue	d To: Lo	ogwa	y Family LT	D / Da	avid (Christen	son	, Age	nt	
Locatio	n: -	1/4	of -	1/4	Section	9	Township	44	N.	Range	9	W.	Town of	Barnes
Gov't Lo	t		Lot	1	ВІ	ock	Sı	ıbdivisi	on 1	722			CSM#	
(Disclaii	mer): A	ny futu	ire expan	sions or o	developmei	nt woul	i: [1- Story; ld require addition re. Boat/do	onal per	mitting	J.				24') = 576 sq. ft.]
				•								R	ob Schier	man
NOTE:		-	ires one ye e has not		date of issua	ance if t	the authorized co	onstructi	on		eili	Author	ized Issuing	Official
	This perm to have b	nit may een m	y be void o isrepreser	or revoked nted, erro	d if any of th neous, or in	e applic		n is four				M	ay 23, 201	7
	inis perr	nit may	y be vola c	or revoked	о папу реп	ormanc	e conditions are	TIOL					Date	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Z

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received) 222017

ENTERP Permit #: Refund: Amount Paid: 5.23-17 0.25.15.10.7 06

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Bayfield Co. Zoning Dept.

Value at Time	□ Non-Shoreland	X Shoreland → □ Is Property/Land within 1000 feet of Lake, Pond or Flowage	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue ————————————————————————————————————	Section 77 , Township 77 N, Range 71 W	20	1/4,1/4 Gov't Lot { Lot(s)	LOCATION Legal Description: (Use Tax Statement)		Could A. Christenson 7))	Christenson Const.	4	50765 Peninsula R&	Address of Property:	LOGWAY FAMILY PINSHP 200 17 #ST Sut LaCrosse W1 54601	Owner's Name:	TYPE OF PERMIT REQUESTED—▶ ☐ LAND USE ☐ SANI
#		if yescontinue	Stream (Incl. Intermittent) If yes—continue — Distance Structure is from Shoreline: fee	w Barnes	Town of:	CSM Vol & Page Lot(s) No. Block(s) No. [722] W.10.144], 2,3 2	35975	Tax ID# (4-5 digits)	715-795-2358 52685 Lake Pd. Banes, W	Agent Phone: Agent Mailing Address (include City/State/Zip):	715-795-2358 hone	Contractor Phone: Plumber:	Bornes W/ 54873	City/State/Zip:	DO 17 4ST Soth LaCrosse	Mailing Address: City/State/Zip:	SANITARY PRIVY CONDITIONAL USE SPECIAL USE
What Type of		□ Yes ≱ No	Shoreline: Is Property in Are Wetlands feet Floodplain Zone? Present?	4.990	Lot Size Acreage	to. Subdivision: Eau Claive Lotes Part	Document #: 2010 R- 535069	Recorded Deed (i.e. # assigned by Register of Deeds)	Barnes, WI Attached	2000		Plumber Phone:	608-304-1373	Cell Phone:		Telephone:	SPECIAL USE 🗏 B.O.A. 🗆 OTHER

Existing Structure: (if po				1300 E	n J		Value at Time of Completion * include donated time & material
Existing Structure: (if permit being applied for is relevant to it) Proposed Construction:	Property	☐ Run a Business on	☐ Relocate (existing bldg)	□ Conversion	☐ Addition/Alteration	X New Construction	Project
or is relevant to it)	☐ Foundation	□ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	X 1-Story	# of Stories and/or basement
Length: 2		ALLEGATION			Year Round	X Seasonal	Use
20'		X None		 ω	□ 2	□ 1	# of bedrooms
Width: リザ・ Height: S	☐ None	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	X Sanitary (Exists) Specify Type: Holling Fink	□ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
					X WeⅡ	□ City	Water

Proposed Use	Proposed Structure	Dimensions	Square Footage
	Principal Structure (first structure on property)	(x)	
	Residence (i.e. cabin, hunting shack, etc.)	(x)	
	with Loft	(x)	
X Residential Use and	with a Porch	(x)	
33021	with (2 nd) Porch	(x)	
	with a Deck	(×	
	with (2 nd) Deck	(x)	
Commercial Use	with Attached Garage	(x)	
	Bunkhouse w/ (\square sanitary, <u>or</u> \square sleeping quarters, <u>or</u> \square cooking & food prep facilities)	(x)	
	Mobile Home (manufactured date)	(x)	
	Addition/Alteration (specify)	(x)	
□ Municipal Use × ×	Accessory Building (specify) Storage Shed	(14 × 20)	0.8°C
	Accessory Building Addition/Alteration (specify)	(X)	
	Special Use: (explain)	(x)	
	Conditional Use: (explain)	(x)	
	Other: (explain)	(x)	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

	(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) $\mathbb{E}[A \cap B] = A \cap \mathbb{E}[A \cap B]$	s) a letter of	alf of the owner(you are signing on beh	(If you are signing on behalf of the owner(s) a letter of \mathcal{L}
₽		S. Car	2 (Richard	Mary!	Authorized Agent:
	Owner(s): (If there are Multiple Owners listed on the Deed All Owners roust sign or letter(s) of authorization must accompany this application)	t sign <u>or</u> lett	All Owners raus	ners listed on the Deec	Owner(s):(If there are Multiple Ow

ate

ate

Attach

Copy of Tax Statement

ntly purchased the property send your Recorded Deed

Address to send permit

	Hold For Fees:	davit:	Hold For Affidavit:		Hold For TBA:		Hold For Sanitary:
Date of Approval: <-//> 2) 3-64 4 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		15 74 7 24 7 24 7 24 7 24 7 24 7 24 7 24	7		7	1spector:	Signature of Inspector:
C A A A A A	すって) - -	9			\mathcal{C}	
	Table 10				DSC 29	6	
Date of Re-Inspection:	SUN UM AU	trode_		ect	[F]	20/2	Date of Inspection:
Zoning District (2) Lakes Classification ()	Code Complis	appears	0 c 2 x 1 c 1 c 1 c 2 x 1 c 2	67 61 H	christian 1	0 60 5 5 S	Inspection Record
wher thes CSm1777 ONO	Were Property Lines Represented by Owner Was Property Surveyed	Were Property Lir		No	Nes Syles	Was Parcel Legally Created Was Proposed Building Site Delineated	Was Propose
Case#: NA	by Variance (B.O.A.)	Previously Granted by Variance (B.O.A.)			case #: NA	Granted by Variance (B.O.A.) Case	Granted by Va
Affidavit Required	□Yes <u>\</u> √√√6 □Yes \\	Mitigation Required Mitigation Attached	ZNO	(Deed of Record)	☐ Yes (Deed of Record) ☐ Yes (Fused/Contiguou ☐ Yes	Lot hip iing	Is Parcel a Is Parcel in Co Is Structur
		3-1)	5-2	Permit Date:		-0/63	Permit #:)
Sanitary Date:	# of bedrooms:		umber: Denial:	Sanitary Number: Reason for Denial:	y Use Only)	Issuance Information (County Use Permit Denied (Date):	Issuance Informa Permit Denied (Date):
Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	ain field (DF), Holding if Construction or Use quired To Enforce The also require permits.	, <u>Septic Tank (ST)</u> , <u>Dr</u> n the Date of Issuance Municipalities Are Reo Federal agencies may	Construction, (1) Year from welling: ALL City, State or I	ation(s) of New (Permits Expire One ne & Two Family E cal Town, Village,	Proposed Loc : All Land Use I ction Of New O The lo	(9) Stake or Mark I NOTICE For The Construct	
feet of the proposed site of the structure, or must be	ther previously surveyed corner or marked by a licensed surveyor at the owner's expense. From to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setbance previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the promarked by a licensed surveyor at the owner's expense.	the minimum required setback	irty (30) feet from Department by use	t the owner's expense. 10) feet but less than th	licensed surveyor at ture more than ten (viously surveyed con pense.	usly surveyed corner or marked by a licensed surveyor placement or construction of a structure more than ter sly surveyed corner to the other previously surveyed co licensed surveyor at the owner's expense.	other previously su Prior to the placerr one previously sun marked by a licens
	o cothack much be made and		ž	fact of the minimum require	sting)	Setback to Privy (Portable, Composting)	Setback to Pr
Feet		Setback to Well	Feet		Tank	eptic Tank or Holding Irain Field	Setback to Septic Tanl Setback to Drain Field
	odplain ,	Elevation of Floodplain		155		the East Lot Line	Setback from the
Feet	etland on property	Setback from Wetland 20% Slope Area on property		101		Setback from the South Lot Line Setback from the West Lot Line	Setback from
Feet	e Bank or Bluff	Setback from the Bank or Bluff	Feet	145		the North Lot Line	Setback from
reek / /O/ Feet	ordinary Stream,	Setback from the Lake (Setback from the River,	Feet	142	of Platted Road H Right-of-Way	Setback from the Centerline of Platted Roas Setback from the Established Right-of-Way	Setback from Setback from
Measurement	Description		ement	Measurement	,	Description	
e approved by the Planning & Zoning Dept.	Changes in plans must be approve	9		dosest point)	sured to the c	(8) Setbacks: (measured to the closest point)	
	it to	Claire Lo	SEE SEE	Sper	ve (prior to con	complete (1) – (7) above (prior to continuing)	Please cor
	0 -	2		Coan		Constitution	
/55'	M		_		tamen	到中	
to A There	New Stage					Main look	S. Jean
	Jes.	1 Composit				The t	\$ E
rinder RR	Luminsa			12	war -	Dirwewas	
	2	Novit					
) and/or (*)	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	(*) Drain Field (DF); :ek; or (*) Pond	s on your Pro ic Tank (ST); Stream/Cre lopes over 20	veil (W); (*) Sept well (W); (*) Sept ake; (*) River; (*) vetlands; or (*) S		(4) Show: (5) Show: (6) Show any (*): (7) Show any (*):	
	(oad)	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road)	tion lan	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Fr		(1) Show Location of:(2) Show / Indicate:(3) Show Location of (*):	•

wn, City, Village, State or Federal Permits May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-	0163		<u></u>	Issued	d To: Log v	way	Family LTI	D / Da	vid C	Christen	son,	, Age	nt	JAWA **
Location:	-	1/4	of		1/4	Section !	9	Township	44	N.	Range	9	W.	Town of	Barnes
Gov't Lot			l	_ot	1	Block		Sul	odivisio	on				CSM# 1	1722

For: Residential Accessory Structure: [1- Story; Shed (14' x 20') = 280 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not to be used for human habitation. No water under pressure to enter structure unless served by approved POWTS.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

May 23, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN OF STREET اتا

Permit #: Date: Refund: Amount Paid: 17-0183 5311

Bayfield Co. Zoning Dept

AN 10207

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

☑ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yes—continue—▶	Section 21 , Township 44 N, Range 7	SE 1/4, ME 1/4 Gov't Lot Lot(s)	PROJECT Legal Description: (Use Tax Statement)	Andrew Reters	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor: Mileston & Materials (Div. of Mathy Const.)	48520 State Highway 27	Address of Property:	"Weyerhacissor Co.	Owner's Name:	TYPE OF PERMIT REQUESTED—► ☐ LAND USE ☐ SA	JOING! START CONSTROCTION ON HE ALL FERMITS HAVE BEEN 1830ED TO AFFER AND
er, Stream (ind. Intermittent) If yes—continue —	7 W Town of:) CSM Vol & Page	PIN: (23 digits) 04- 06 4-2-44	(608)783-6411	Agent Phone:	Contractor Phone: (608) 783-6411	Barnes, WI	City/State/Zip:	320. Occiden	Mailing Address:	☐ SANITARY ☐ PRIVY	APPLICATED.
Distance Structure is from Shoreline:	Parnes	ge Lot(s) No. Block(s) No.	PIN: (23 digits) 04-054-2-44-09-21-1 04-000-10000	(608) 783-6411 920 10th Ave. N. Onalaska, WI, 54650	Agent Mailing Address (include City/State/Zip):	Plumber: NA	54873		220 Occidental Seathe WH. 981	Que S. City/State/Zip:	☐ CONDITIONAL USE ☐ SPECIAL USE	
	Lot Size	lo. Subdivision:	Recorded Volume <u>6</u>	6, MI, 54650	City/State/Zip):				M. 98104	•	PECIAL USE 🗆 B.O.A.	
ls Property in Are Wetlands Floodplain Zone? Present?	Acreage 40		Document: (i.e. Property Ownership) Ink. Page(s) Unk.	Attached W Yes No	Written Authorization	Plumber Phone: VA	١	Cell Phone:		Telephone:).A. 🗆 OTHER	

				M	n-		Value at Time of Completion * include donated time & material	☐ Non-Shoreland	☐ Shoreland —▶	
NA A LOW TO THE	Property	☐ Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	□ New Construction	Project		☑ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	Y is Property/Land within 300 feet of River, Stream (ind. intermittent) Creek or Landward side of Floodplain? If yes—continue —▶
NA	☐ Foundation	☐ No Basement	Basement	□ 2-Story	☐ 1-Story + Loft	☐ 1-Story	# of Stories and/or basement		n 1000 feet of Lake, Pon If ye	n 300 feet of River, Strea of Floodplain? ្រវូមុខ
						Seasonal	Use		Pond or Flowage If yescontinue	Stream (ind. intermittent)
		□ None	Q NA	□ 3	□ 2	□ 1	# of bedrooms	-	Distance Stru	Nistance Stru
None	☐ Compost Toilet	Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:		What Type of Sewer/Sanitary System Is on the property?		Distance Structure is from Shoreline : NH feet	Distance Structure is from Shoreline: /// // feet
		ntract)	Ilted (min 200 gallon)	ify Type:	fy Type:	and the second s	у System урегту?		□ Yes IZ No	ls Property in 1
-	L		1	-	□ Well	☐ City	Water		□ Yes No	Are Wetlands Present?

Existing Structure: (if permit being applied for is relevant to it)
Proposed Construction:

Length:

Width:

Height:

Proposed Use	~	Proposed Structure	Dimensions	Square Footage
		Principal Structure (first structure on property)	(x)
		Residence (i.e. cabin, hunting shack, etc.)	(x)
		with Loft	(X	
Residential Use		with a Porch	(x)
		with (2 nd) Porch	(x)
		with a Deck	(×	
		with (2 nd) Deck	(x)
Commercial Use		with Attached Garage	×	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(×)
		Mobile Home (manufactured date)	(x	
		Addition/Alteration (specify)	×	
Municipal Use		Accessory Building (specify)	(x	
		Accessory Building Addition/Alteration (specify)	(x)
		Special Use: (explain)	(x)
	R	Conditional Use: (explain) Agregate Quarry	×	NA
		Other: (explain)	×	_

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Authorized Agent:

Owner(s):

(If there are Multiple Owne

listed on the Deed All Owners

must sign or letter(s) of authorization

accompany this

application)

Date

Address to send permit 920 10th Ave. North

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Onalaska KJ, 54650

> Date 1/9/2017

Copy of Tax Statement of Francisch (Copy of Tax Statement of Franc

Hold For Sanitary: Issuance Information (County Use Only) Setback to Drain Field

Setback to Privy (Portable, Composting)

Setback to Privy (Portable as tructure within ten (10) feet of the minimum required other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Signature of Inspector: Condition(s): Town, Committee or Board Conditions Attached? Inspection Record: Granted by Variance (B.O.A.) Permit Denied (Date): Setback from the East Lot Line Setback from the Established Right-of-Way Setback from the Centerline of Platted Road Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Setback to Septic Tank or Holding Tank Previous Was Parcel Legally Created Was Proposed Building Site Delineated Please Yes -<u>~</u> ~ box below: Draw or Sketch your Property (regardless of what you are applying for) complete (1) - (7) above (prior to continuing) 7-0183 cement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be (2) (3) (4) (5) (6) (7) 8 5T HWY 27 (9) 000/1/000 Show any (*): Show any (*): Show: Show: **Show Location of:** Show / Indicate: Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) Setbacks: (measured to the closest point) Show Location of (*): Sxistins **NOTICE**: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code Town, Village, City, State or Federal agencies may also require permits. Case #: ☐ Yes (Deed of Record)
☐ Yes (Fused/Contiguou
☐ Yes Hold For TBA: 0 7 □ Yes (Fused/Contiguous Lot(s)) Proposed-Construction
North (N)*on*Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20% ALLESS O O 1400 0 1 7 Sanitary Number: Inspected by: Permit Date: Reason for Denial: Measurement 4 J. NONC. SCALE Yes □ No -(If No they need to be attached.) J. MINING* ر ح Hold For Affidavit: , * 8/8/8/ 8/8/8/ Feet Feet Feet Feet Feet Feet 521, THAN, R9W 2004 SLOCK BILLYICE PLA CIONCE S Previously Granted by Variance (B.O.A.) Mitigation Required Mitigation Attached Setback from Wetland
20% Slope Area on property
Elevation of Floodplain undary line from which the setback must be measured must be visible from Setback from the Lake (ordinary high-water mark)
Setback from the River, Stream, Creek
Setback from the Bank or Bluff Court Hold For Fees: Were Property Lines Represented by Owner
Was Property Surveyed Setback to Well REDROCK * 02.20 Changes in plans must be approved by the Planning & Zoning Dept. 25 # of bedrooms: Description Committee * No (W) (5T), (DF) (HT) ONSITE (P) Location Varies. Case #: STOPES Affidavit Required Affidavit Attached □ Yes Lakes Classification Zoning District Sanitary Date: Date of Re-Inspection: Date of Approval: 720% 0 Yes 201510N. rously surveyed corner to the Measurement T V 8/8/ 7/7/ 0 Feet No □ No Feet Feet Feet

village, State or Federal May Also Be Required

USE - X TARY -GN -SPECIAL -CONDITIONAL - ZC 5/18/2017 BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

17-0183 Weyerhaeuser Co Issued To: No. Location: SE NE 21 Township N. Range 9 W. Barnes $\frac{1}{4}$ of Section 44 Town of CSM# Gov't Lot Block Subdivision Lot

For: Commercial Other: [Non-metallic Mine / Aggregate Quarry]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Per condition of ordinance and Zoning Committee. Committee Conditions: 5-year duration, expires May 31, 2022. Hours of operation from 6:30 am to 6:30 pm. Crushing & blasting hours from 7 am to 5 pm Monday through Friday

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

May 31, 2017

Date